PATENT APPLICATION FEE DETERMINATION RECORD	Application or Docket Number
	10/647,162

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)	SMALL ENTITY RATE	SMALL ENTITY FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE
BASIC FEE (37 CFR 1.16(a))				$ 0	OR		$ 0
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	* 0	x $ 9 =	0	OR	x $ 18 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	* 0	x 43 =	0	OR	x 86 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0	+ 140 =	0	OR	+ 280 =	0
			TOTAL	0	OR	TOTAL	0

* If the difference in column 1 is less then zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	* 70	Minus	** 20	= 50	x $ 9 =	0	OR	x $ 18 =	900
Independent (37 CFR 1.16(b))	* 5	Minus	*** 3	= 2	x 43 =	0	OR	x 86 =	172
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0	OR	+ 280 =	0
					TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	1072

AMENDMENT B

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x $ 9 =	0	OR	x $ 18 =	0
Independent (37 CFR 1.16(b))	*	Minus	***	=	x 43 =	0	OR	x 86 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0	OR	+ 280 =	0
					TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	0

AMENDMENT C

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x $ 9 =	0	OR	x $ 18 =	0
Independent (37 CFR 1.16(b))	*	Minus	***	=	x 43 =	0	OR	x 86 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0	OR	+ 280 =	0
					TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SEND TO: MS Fee Amendment
Commissioner For Patents, PO Box 1450
Alexandria, VA 22313-1450